Using Impairment Related Work Expense(s) allows you to keep more of your Supplemental Security Income (SSI) payment when you work.

Impairment Related Work Expenses can be used if you are receiving Supplemental Security Income (SSI), you are working, and you have expenses that are:

- Related to a serious medical condition, and
- Needed in order for you to work, and
- Paid for by you, and will not be reimbursed by another source

Examples of IRWE include:
- Out-of-pocket medical expenses like medication co-pays or medical supplies
- Adaptive equipment
- Vehicle modifications
- Personal care attendant costs
- Service animal costs
- Some transportation expenses

Example showing the value of using Impairment Related Work Expenses (IRWE)

- When Gina isn’t working, she receives $783 of SSI. When Gina works and earns $885, her SSI payment is reduced to $383 per month.

- If Gina earned $885 and had SSA approved IRWE of $100, her SSI payment would be $433. She would keep $50 more in SSI.

As a general rule, using IRWE will allow you to keep half of the cost of the IRWE in the form of your SSI payment.

When we spoke, you reported monthly expenses for the following:

Medication co-pays: $____________________

Other: $ __________ for __________________

$ __________ for __________________

This is a potential Impairment Related Work Expense (IRWE) and could increase your Supplemental Security Income payment when you work.

If you did not talk with anyone at the Connection, but believe that you may have Impairment Related Work Expenses, write them out on the lines provided above.

If you want to know more about how your SSI payment is determined when you work and use Impairment Related Work Expenses, call the Connection for more information.
To Use Impairment Related Work Expense:

1. Call your SSI Claims Representative:
   ________________________________
   Ask if you can use any of the expenses you
   listed on the front page as IRWE.

   Ask what information you need to send SSI so
   they can approve your IRWE.

   Ask how often you should send your
   paystubs and IRWE receipts.

2. Gather all the information the SSI Claims
   Specialist asks you to send in. This may
   include a form from your doctor (see attached
   form) and receipts for your IRWE.

3. Send all the information to the SSI Claims
   Specialist with a note asking her/him to call to
   let you know if your expenses are approved.

4. **Do not assume you get to use this IRWE
   until your Claims Specialist says it has been
   approved.** Call the Connection if you have
   problems or questions.

5. Keep all of your paystubs and receipts for
   IRWE in a safe place so they are easy to find.

6. Be sure to send copies of your paystubs and
   receipts to Social Security when they ask for
   them.

NOTES TO KEEP

Date you called your Claims Specialist:

______________________________

What you told our Claims Specialist and what they
told you:

______________________________

______________________________

Did your Claims Specialist approve your IRWE?  
   Yes or No

What do you need to send them?

______________________________

When should you send the information in?

______________________________

Date you sent the information to SSI:

______________________________

For more information regarding how work will
affect your government benefits call the Work
Incentives Connection at 651-632-5113 or 1-
800-976-6728 or MN Relay - 711.

This information was prepared for you by the Work Incentives Connection. The Connection cannot
 guarantee that you can use the work incentive, Impairment Related Work Expense. You must get this work
 incentive approved by your local Social Security office by following the steps outlined above.
SAMPLE DOCTOR’s LETTER:

Name: ________________________________

Social Security Number: ________________________________

Doctor’s name: ________________________________

Doctor’s address: ________________________________

Doctor’s phone number: ________________________________

Dear Social Security Claims Specialist:

My patient, _________________________ requires the following item(s)/service(s) that enable him/her to work:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

I believe that without the item(s)/service(s) listed above, this individual could not sustain his/her work effort.

Please call me if you have any questions.

________________________
Signature

________________________
Date